Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

(July 2000)

Department of the Treasury Internal Revenue Service

Part General Information			Emple	oyer identification number
1 Name of organization	- DAG		42	0659875
 Towa Optometric Associatio Mailing address (P.O. Box or number, street, and roc 	n PAC om or suite numb	per)		00 13011
1454 30th Street Suite #20		,		
City or town, state, and ZIP code				
West Des Moines, IA 50266				
3 E-mail address of organization				
TAOptAssn@aol.com 4a Name of custodian of records				
4a Name of custodian of records	4b Custodia			
Gary Ellis		4 30th Stree t Des Moines		
5a Name of contact person		person's address		
		.30th Street	Suite #	204
Gary Ellis		Des Moines,		
6 Business address of organization (if different from m	l nailing address sh	nown above). Number, sti	eet, and room o	r suite number
City or town, state, and ZIP code				
Part II Purpose				
7 Describe the purpose of the organization				er a
Political Action Committee		Ų Š	APPEND.	
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		h h•		
		`	S. Carlotte and C. Carlotte an	, a - 1 - 2 - 1
				<u> </u>
Part III List of All Related Entities (see ins				
8a Name of related entity 8b Relations	ship	8c Address	<u> </u>	
<u> </u>				

For Paperwork Reduction Act Notice, see page 4.		Cat. No. 30405V		Form 8871 (7-2000)

Part IV List of All Of 9a Name	9b Title	ly Compensated Employees (see instructions) 9c Address
Under penalties of	perjury, I declare that the organization is	named in Part I is to be treated as an organization described in selection 527 of the Interna
Revenue Code, and it is true, correct, a	d that I have examined this notice, included and complete.	named in Part I is to be treated as an organization described in sell ction 527 of the Internating accompanying schedules and statements, and to the best of my knowledge and belief,
	() Can	/ /
\ \ Ann	y VI. Ellin	1/31/00
Sign Signature of	f authorized official	Date
1ere <u> </u>		2074

(2)

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